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MITCH HARRIS

PAGE 02

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (amendments (37 CFR 1.18 (e)) required)	<b>Agency Design Number</b> 3506P2407
	<b>First Named Inventor</b> Larrimons
	<b>COMPLETE IF KNOWN</b>
	<b>Application Number</b> /
	<b>Filing Date</b> 
	<b>Group Art Unit</b> 
<b>Examiner Name</b> 	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe:

\_\_\_\_\_ are listed (inventor) of the subject matter which is defined and for which a patent is sought on the invention entitled:

**METHOD AND SYSTEM FOR EXTRACTING HYDROCARBON FUEL PRODUCTS FROM WASTE MATERIAL**

The specification of which \_\_\_\_\_ (Title of the invention)

☒ is enclosed hereto  
 OR  
☐ was filed on (MM/DD/YYYY) \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_ and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understood the contents of this above identified specification, including the claims, as amended by any amendments specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, filed before and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Priority Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet (PDS/SPD) attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provision of application(s) filed before:

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet (PDS/SPD) attached hereto.

(Page 1 of 2)  
 Bureau Hour Statement: This form is estimated to take 0.4 hours to complete. There will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20221. DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20224.

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DECLARATION — Utility or Design Patent Application					
I hereby declare, under penalty of perjury, that I am the inventor(s), or agent(s) of any PCT international application designating the United States of America, listed below, and, under the subject matter of each of the claims of this application is not disclosed to the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is needed to patentability, as defined in 37 CFR 1.56 which becomes available to the public in the prior application and the national or PCT international filing date of this application.					
U.S. Patent Application or PCT Patent Number		Patent Filing Date (MM/DD/YYYY)		Patent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02A attached hereto.					
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:					
<input checked="" type="checkbox"/> Customer Number 23504 OR <input type="checkbox"/> Registered practitioner(s) matching application number listed below		Please Customer Number Bar Code Label here			
Name	Registration Number	Name	Registration Number		
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.					
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 23504 OR <input type="checkbox"/> Correspondence address below					
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Address					
Address					
City		State		Zip	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the use of false information are prohibited by the or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the utility of the application or any patent issued thereon.					
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unnamed inventor			
Given Name (first and middle if any)		Family Name or Surname			
Donald W		Lemmons			
Inventor's Signature				Date	1-2-02
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Post Office Address					
City	Kelso	State	WA	Zip	98826
				Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02B attached hereto.					

[Page 2 of 2]

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01/02/2002 18:05 7067829721

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PAGE 02 P. 2

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Richard William		Schau	
Inventor's Signature	Date		
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Post Office Address			
City	State	OR	ZIP
Portland			97048
Country USA			
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Given Name (first and middle if any)		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	OR	Country
Post Office Address			
Post Office Address			
City	State	OR	ZIP
Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	OR	Country
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